

## RESPIRATORY LINE LISTING

Name of Facility: \_\_\_\_\_ Unit: \_\_\_\_\_ Unit Census: \_\_\_\_\_ Outbreak #: 2244 - \_\_\_\_\_ - \_\_\_\_\_

Facility Census: \_\_\_\_\_

Resident Line List     Staff Line list    Case Definition: \_\_\_\_\_

Personal Data			Symptoms (new or worsened)										Vaccine Received		Prophylaxis Treatment		Abx started	Tests/Diagnostics			Outcome			Comments					
																		Respiratory Virus		Pneumonia		Other	Hospital		Died	Isolated			
#	Name/PIN/DOB	Admission date	Room Unit	Symptom Onset y/m/d	Fever	Cough (D-dry; P-productive)	Sore Throat	Malaise	Nasal congestion	Headache	Runny nose	SOB/ lower resp signs/sx	Meets Case def'n	Influenza/flu	Pneumonia	Started y/m/d	Date Switched Dose	y/m/d	Direct y/m/d	PCR/Culture y/m/d	Clinical y/m/d	CXR y/m/d	Other	admitted y/m/d Diagnosis	Date y/m/d	Date in	Date out		

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